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Tenant Support  
Program

March 25, 2004  
Carol Hood, Deputy Director  
California Department of Mental Health  
1600 9<sup>th</sup> Street  
Sacramento, CA 95814

Dear Ms. Hood:

Thank you for the opportunity to participate in the Medi-Cal Reform effort. As those most directly affected by any changes, we appreciate you seeking our input.

Regarding the March 12, 2004 Discussion Paper:

1) We would like clarification about the Bullet "Eliminate federal managed care regulation requirements except for compliance."

While documentation may be costly, labor-intensive, and not necessarily correlated with good service delivery, we want to ensure that reform efforts do not undermine existing due process rights and protections of beneficiaries.

2) We support the Bullet to "Add recovery oriented consumer operated peer support for adults (at risk of repeat hospitalization.)" \*

In addition, we propose that a 24 hour client-run crisis/respite program be explored as part of this reform effort.\*\*

3) We support reform efforts to expand/ensure that "services to support (clients') employment goals are reimbursable."

Regarding Olmstead principles:

4) As a representative on the Olmstead Advisory Group before it became dormant, I note that some of the preliminary ideas are inconsistent with Olmstead principles. We encourage proposals that are consistent with Olmstead principles.

In addition to the preliminary ideas listed in the Discussion Paper, we propose some alternatives/suggestions/comments we hope you will incorporate:

5) Specialty mental health services must continue to be provided with no caps. These services, particularly those under the Rehab option, are particularly helpful to clients. These services are consistent with Olmstead because, at least as these services are intended to be provided under current Medi-Cal guidelines, these options provide for client choice.

6) Any reform efforts must include continuity of care. Reform/redesign efforts provide an excellent opportunity to look at timeliness and access to providers.

7) We encourage efforts to obtain funds from sources other than existing state general funds by including mechanisms to increase funds or new revenue. Specifically,

8) Explore drawing down (federal) funds for personal care assistants in mental health services. Persons with disabilities who may not be mentally disabled use personal care assistants extensively and successfully. By using PCAs, clients direct their own supports; educate their PCA about the services they feel they need and want to maximize their recovery. (E.g., take to medical appointments, provide wake-up calls, accompany to offices and assist with client-directed advocacy.) The use of PCAs follows the DMH's recovery vision, is consistent with Olmstead, readily incorporates the use of peers, and fits within the Rehab option.

9) Explore expansion of Integrated Services for Homeless Adults with Serious Mental Illness. Currently, state allocations are capped; federal funds for Medi-Cal services provided are uncapped. There is no local match required. Although no funds should be used to supplant existing services, this funding could be used to expand existing integrated service programs within the Adult System of Care.

10) Timely access to physical health care for persons receiving (specialty) mental health services must be provided and ensured. Physical health and mental health go hand in hand. Under the current system, clients' physical health care needs are frequently minimized or not addressed. Our comments regarding timeliness and access to providers are incorporated herein regarding physical health care.

11) Again, any reform/redesign efforts must include full due process rights and protections for beneficiaries/clients.

We look forward to continuing to participate in this serious effort. Please keep us informed of the process and how we can continue to participate. We assume that a public hearing/comment will occur before the Department submits any final re-design/waiver proposal.

Thank you for your consideration of these comments.

Sincerely,

Kathie Zatzkin, System Liaison  
Alameda County Network of Mental Health Clients

\*\* Specialty mental health services including, but not necessarily limited to: crisis intervention; crisis residential; crisis stabilization

cc: Nancy Mengebier, DMH, Medi-Cal Redesign; Bobbie Wunsch, Pacific Care, Facilitator, Medi-Cal Redesign; COCO  
Additional distribution/comments may follow.

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